Date In: 29/ 19-1414		Nallyo 69970		
	Jcb description	Date &Time Completed	Done	py
Res No: Na INC 1920 059 124	SAS e-filing			
Veh No: GBCHNG	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 18 1/14-00: 45	i-Motor Claim Form	100-8352601cm	29/1/19	20216
OD /TP)! Reporting Only	i-Motor W/O (Within: OD 2)		35)1.3	orașe e e e e e e e e e e e e e e e e e e
OD TIP Reporting Only	i-Photo Uploaded	1		
TDI	Assessment/Survey Report			1255
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
TP Particulars: Veh No: Pu	Pasti INC	()/Non-INC()	Andrew Time Control	
Owner / Driver: (Tel:)	KIRSO
Policy No: () P	eriod: (Cover Type: (-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%: P: 21-79% P: 80-10	0%]	- V
Year of Registration: ()	Warranty: YES ()/NO ()	070	
	000 ()/\$2,000 ()	/		
General Remarks:	th Satisfaction and the Satisfaction ()	ALMANDA ASTITUTA	N. C. Price and	
A ANNA CONTRACTOR CONTRACTOR DISABILITY STATE OF THE STAT			Art Ministra	
() Walk-In Customer : Customer's info		trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	rer URGENTLY.			
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO();	Towing Co: (7)
	constitution of the second	Date&Time Completed*	Done	by .
	Courtesy Car ()	Date time Completed	Done	hy
2) QC Check / Post Repair Inspection	Courtesy Car ()	Date Time Completed) None	by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car () () () () ()	Date: Time Completed	N. P. Done	by .
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

arcivodio.	
	ACCIDENT STATEMENT
Date Of Report	29/05/2019 14:15
Date Of Accident	28/05/2019 09:40
Exact Location Of Accident	TAMPINES AVE 7 BEFORE TAMPINES ST 45
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC2626S
Insured/Policyholder	
Name Of Registered Owner	T26 TRADING
Co Reg No	53178198D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106161081
Cover Note Number	
Deliver	

Name of Driver SEKAR ANBARASU Passport No/FIN G2705676N Date Of Birth 06/06/1993 Occupation **INDOOR** Date Of Driving Pass 27/03/2018 **Driving Experience** 1 YEAR AND 2 MONTHS Gender MALE Mobile Number (LOCAL) +65-84854409 Fax Number Contact Number OFFICE-84854409 EMail Address NOEMAIL

Address

10 ADMIRALTY STREET #03-72 NORTH LINK BUILDING

Postcode

757695

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

52

Insurance Company of Driver's Own Vehicle

87

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

. -

GENDER:

MALE

Passenger 2

NAME:

£1.

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC8056G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GY3949D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

GENDER:

2 NAME:

SKETCH PLAN

IMPORTANT NOTICE

- 1. The report correctly the details of the accident to speed up the claims process.
 - the spiret must be completed by the Policyholder and/or the Authorised Driver
- information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material factor is equilibrate in an area companies to repudiate policy liability.
- The road and acceptance of this Form by insurance companies is not an admission of policy hability on the part of the insurance companies.
- Any lake reporting may be referred to the Police for investigation.
- The report will be to swieded by the insurers of the GIA Records Management Centre established by the General Insurance is see ition of Singapore (GIA) for archiving and that comes of this report will for a fee be made available upon application by insurested parties.
- the lodgment of this report to the insurers, witchereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

Lenderstand, acknowledge, agree and consent that

- (ii) My insorer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) soverstigating the accident and/or my claims;
 - but carrying out and/or dealing with my instructions or responding to any enquiries by me,
 - (iv) administering my claims (including the mailing in correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of involopes/mail packages), and/or
 - (v) om, tyring with applicable law in administering, processing, handling and/or dealing with my claims [collectively the Purposes').
- (i) all assurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or graphs (milluding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (iii) The Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, into stigation and grandgement in present and all future claims.
- [11] the information so dylicated under (d) above may be shared / disclosed:
 - to all memors and or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, New York coment and government agencies as reasonably required for the purposes stated, or

in to complying with requirements under any regulations, laws or court orders

President Signature

State & China

Driver's Signature

(If driver is not the policybolder)

Date & Tone.

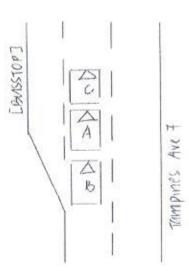
Reporting Centre Persoyn

I's Signature

Name:

NRIC/FIN No.

Vehicle a GBC 26765 Vehicle B PC 80564 Vehicle C GY 3949D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	me	stated a	late y	time,	1, \	ehicie	1', 9BC	16165,
Mas 140	avelling	straig	n1 a10	ng the	state	d veni	1P. FLOW	n venicle
810pped	and	z stop	ped a	s well	1101	M 10	seconds	later,
vehicle	B. 1	160566	, hin	ento v	ny si	ationan	g vehice	e's
war po	vien	The gre	at Tu	pact	tuen	propelled	d my u	ehicu
forward	and	M11 6	nto vel	nce 'C'				
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1								
1		310101						

DECLARATION

culars are true in every respect.

3. Agric

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's S

Name NRIC/FIN No.

ACCIDENT STATEMENT

	OCATION: Along Tampines Ave 7, before Tampines St 45
	1. DETAILS OF VEHICLE ABC 26265
	diversible Howber.
	D/MSOKANCE COM AND
	CIPOLICY NUMBER:
	F)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	THE DREAM OF THE PROPERTY OF T
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. Manager of the property of
	CE \ O E 3 (WE E
	District Building
	CIADDRESS: 10 Admiralty Street 403 13 NOTH WITE COMMING
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
M 14 . Å	
14 Ho of passions	g) NAME: SEKAY TUBAYALU (MADE / FEMALE)
Claduding driv	b) NRIC/FIN/PASSPORT: 42705676N CONTACT: 8485 4409
(B) male	
2000	STATE OF THE CONTRACT OF THE C
	*d) DATE OF BIRTH: (02/ 06/1993)(DD/MM/YYYY)
	e OCCUPATION: (INDOOR / OUTDOOR)
	ELVENDS OF DOLVING EVEDEDIENCE. VIVIA
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
ite of passenger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
ite of passenger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
ite of passenger Including drive	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: PC80566 MODEL: b) DRIVER'S NAME: CONTACT:
He of passenger Including driver (01) males	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: PC80566 MODEL: c) NRIC/FIN/PASSPORT: CONTACT: 7. THIRD PARTY VEHICLE 6. 3(1141)
He of passenger Including driver (01) males	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: PC80566 MODEL: c) NRIC/FIN/PASSPORT: CONTACT: 7. THIRD PARTY VEHICLE d) VEHICLE NUMBER: GY 39490 MODEL:
No of passenger Including drive	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: PC80566 MODEL: c) NRIC/FIN/PASSPORT: CONTACT: 7. THIRD PARTY VEHICLE d) VEHICLE NUMBER: 6Y 39490 MODEL: C) DRIVER'S NAME:

email =

fax =



Licence Number: G 2 7 0 5 6 7 6 N

Name:

SEKAR ANBARASU

854409

Birth Date: 06 Jun 1993

Issue Date: 26 May 2017

Valid Till 25/05/2022





S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer GH INTERIOR PTE. LTD.

84854409



Name SEKAR ANBARASU

S Pass No. 0 36903457

Sector:

MANUFACTURING



K1390430

Scanned by CamScanner

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

C Class 2B

Motorcycles =< 200 CC

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

26 May 2017 27 Mar 2018

S / No.9000306083

G2705676N

NP 428A



VISIT PASS Immigration Regulations

02-05-2019

Name SEKAR ANBARASU



FIN G2705676N

Date of Birth 06-06-1993

Sex

Nationality INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Scanned by CamScanner



	Certifica	ite of Insurance
MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY ROAD TRANSPORT ACT, 1987 (MA	RISKS AND COMPENSATI	
MOTOR VEHICLES (THIRD PARTY	RISKS) RULES, 1959 (MA	LAYSIA)
Certificate Number : 510616108	1	Cover : Comprehensive
Index mark and Registration Machaesis Number Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons (a) The Policyholder.		: GBC2626S : JTFAT35Y00K205244 : T26 TRADING : 22 Dec 2018 : 21 Dec 2019
Provided that the person	driving is permitted in a	der's order or with his/her permission. accordance with the licensing or other laws or regulations to drive is not disqualified by order of a Court of Law or by reason of any
enactment or regulation 6. Limitations as to Use# (a) Use for social domestic a	n that behalf from driving	
This Policy does not cover	sserigers or goods in cor	mection with the Policyholder's business.
(a) Use for hire or reward. (b) Use for racing, pace-mak (c) Use whilst drawing a trail # Limitations rendered ino	er except the towing of perative by Section 8 of	eed-testing. any one disabled mechanically propelled vehicle. the Motor Vehicle (Third Party Risks and Compensation) insport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$600	
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: \$\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: UNITED OVER	RSEAS BANK LIMITED
SUM INSURED	: MARKET VALU	UE OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Co Agency : KWG		ste relates is issued in accordance with the provisions of the Motor ter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) FE. LTD. (00000573061) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Authorised Officer	Chief Executive

eBao Tech							Genera	lClaim
Hello, NAC_PAYA_UBI_80 My Desktop	0601 Policy Query			· Change L	anguage	+ Change	e Password	• Log Out
Notice of Loss	Policy No. Vehicle No.(For Motor)	GBC2626S		e of Accident tificate Number	28	3/05/2019 09	9:40	
	Select Policy No. 5106161081	Certificate Policyholder Name T26 TRADING	Policyholder NRJC Product 53178198D GCV		Vehicle No. GBC2626S	Insured Object GBC2626S	Commence Date 22/12/2018	Expiry Date 21/12/2019
			Continue				200	78 109100

Policy No.	5106161081	Policyholder Name	T26 TRADIA	NG		Policyholder NRIC	53178198D	
Certificate No.		536006180 ⁻ 5				THAT C		
Address	10 ADMIRALTY STREET #03-72	NORTH LINK E	BUILDING SI	NGAPOR	E 757695			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan				Group Policy Flag	N	
Policy issue Date	07/12/2018	Effective Date	22/12/2018	00:00		Expiry Date	21/12/2019 2	3:59
Excess Type		All Claims Excess						
Third		Own				Windscreen		
Party Excess	0	damage Excess	600			Excess	100	
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess					Young	/Inexperience Driver Excess
Agent	KWG INSURANCE AGENCY PTE.	Agent Tel.	62913960			GST Flag	Y	
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyt	holder Mailing Address							
Address 1	10 ADMIRALTY STREET	Addre	ss 2	#03-72	NORTH LIN	K BUILDING	Address 3	SINGAPORE 757695
Address 4		Addre	ss Type	Singapo	re address		Post Code	757695
Jnit No.		Relate Numb	ed Policy er	510616	1081			
D Insure	d Object: GBC2626S							
and the second	sements							

licy No.	5106161081	Vehicle No.	G8C26265	GST Registration No.	NA
rtificate No.				GS1 Registration Hs.	194
icyholder Name	T26 TRADING			Policyholder NRSC	531781960
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
tact No.(Mobile)	0	Contact No.(Office)	0		
all Address		Special Remark	***	Contact No.(Home)	0
	® No ○ Yes	TCA	8 0	eCode	N. V
Protection	Villa market		® No ○Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	20	Private Hire	No
ort Date	29/05/2019 20:14	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
e of Accident	28/05/2019	Time of Accident hh;mm	09:40	Country of Accident	Singapore
arting Centre		Orange Force		JCM No.	533
dent Location	TAMPINES AVE 7 BEFORE TAMPINES S	T 45			
Excess					
damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess			
d Party Excess	0.00	Outside Singapore TP Excess			
Benefits		a. 11001-11010-1110-1110-1110-1110-1110-1			
GST Registered Inform	ation				
Registered	Yes		DET BANKS TO THE		
Registration No.	M90365676G		GST Registration Date GST Status Verified	01/12/2010	
infration History	29/05/2019 20:15:45	System changed GST Registration No. fr	om NA to M90365676G	Yes	
	29/05/2019 20:15:45 :	System changed GST Registration Date in System changed GST Status Ventiled from	from 01/01/2015 to 01/12/2010		
Policyholder Hailing Ad		Livery manifer roof preces service to	III IND IN 185		
ress 1	10 ADMORALTY STREET	Address A		WWW.00120	TANK SHOULD CONTACT TO STATE
rress 1. Irress 4	IN NUMBERALIT STREET	Address 2	#03-72 NORTH LINK BUILDING	Address 3	SINGAPORE 757695
t No.		Address Type	Singapore address	Post Code	757695
		Related Policy Number	5106161081		
OI Driver Info		1500000000			
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	SEKAR ANBARASU	Oriver NRIC	G2705676N	Driver DOB	06/06/1993
exter Date of Onver License	27/03/2018	Driver Age	25	Driving Experience	1
tact No.(Mobile)	84854409	Contact No.(Office)	0	Contact No.(Home)	a
ress 1	10 ADMIRALTY STREET	Address 2	NORTH LINK BUILDING	Address 3	SINGAPORE 757695
Iress 4		Address Type	Singapore address	Post Code	757695
t No.	03-72				
es he own a Singapore	○ Yes No	Driver Vehicle No.			
				Barrier Lances Barrier	
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		Univer versus No.		Driver Insurer Company	
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